



2015-2016 MINNESOTA OJT/APPRENTICESHIP GI BILL APPLICATION

Submit application along with a copy of your DD 214 and W-9 form to:
MDVA Higher Education Veterans Program, 20 West 12th Street, 2nd Floor, St. Paul, MN 55155

1. Applicant Name (Last, First, Middle)		
2. Social Security Number	3. Date of Birth (mm/dd/yyyy) / /	4. Telephone Number Including Area Code ()
5. Permanent Street Address		
6. Permanent City, State, Zip Code		
7. Applicant E-mail Address		8. Are you a Minnesota resident? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No
9. I am (check the applicable box below): <input type="checkbox"/> A veteran who is serving or has served honorably in the U.S. armed forces at any time <input type="checkbox"/> A non-veteran who served honorably in the National Guard or any other active or reserve component of the U.S. armed forces for 5 or more years cumulatively and any part of that service occurred on or after September 11, 2001 <input type="checkbox"/> A surviving <input type="checkbox"/> spouse or <input type="checkbox"/> dependent of a person who has served in the military and who has died as a direct result of military service, or who has a total and permanent service-connected disability as rated by the U.S. Department of Veterans Affairs <p style="text-align: center;">A COPY OF THE SERVICE MEMBER'S DD214 AND/OR ANY OTHER REQUIRED DOCUMENTATION IN SUPPORT OF THE ITEM CHECKED ABOVE MUST BE SUBMITTED</p>		
10. Dates of military service for service member From _____ To _____		11. Most recent period of active duty for service member From _____ To _____
12. Circle branch of service for service member Army Navy Marines Air Force Coast Guard		13. Circle type of service for service member Regular National Guard Reserve
14. Is the service member still serving? <input type="checkbox"/> Yes <input type="checkbox"/> No		15. If no, did the service member receive an honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you ever received any Minnesota GI Bill funds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when? _____		
APPLICANT CERTIFICATION: Check the box next to each statement indicating that you have read and understand the statement <input type="checkbox"/> I understand and accept the obligation to provide a written report to the Minnesota Department of Veterans Affairs of any changes provided on this application <input type="checkbox"/> I give permission to my employer and the Minnesota Department of Veterans Affairs to verify the information provided on this application <input type="checkbox"/> I certify that the information on this application is true and correct and I will provide additional documentation if requested. I understand that this form is used to establish eligibility for the Minnesota GI Bill program and that if I purposely give false or misleading information on this form, I may be subject to a fine, prison sentence or both and such action may result in the forfeiture of future awards from this program <input type="checkbox"/> I understand that all awards are subject to the availability of funds		
Applicant Signature		Date / /



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This section is to be completed by the Employer, JTC, JATC and MDVA staff only
(Internal use only)

TO BE COMPLETED BY EMPLOYER, JTC OR JATC

Apprenticeship completed by JTC or JATC

OJT completed by employer

18. Name of Employer, JTC, JATC or State Agency		19. Telephone Number Including Area Code ()	
20. Address (Street, City, State, Zip Code)			
21. Point of Contact and Email Address			
22. Length of Training Program months		23. Training Start Date	
Authorized Employer Signature		Date / /	

TO BE COMPLETED BY MDVA STAFF

24. Date Application Received		25. Application Status <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied		26. Military Status – Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Total Amount Approved \$			28. Purchase Order Number H7501-30000		
29. SWIFT Vendor Number			30. Approved in WEAMS <input type="checkbox"/> Yes <input type="checkbox"/> No		
Authorized MDVA Signature				Date / /	

1st Payment date: _____

Date paid: _____

2nd Payment date: _____

Date paid: _____

3rd Payment date: _____

Date paid: _____

4th Payment date: _____

Date paid: _____

5th Payment date: _____

Date paid: _____

6th Payment date: _____

Date paid: _____

7th Payment date: _____

Date paid: _____

MINNESOTA OJT/APPRENTICESHIP GI BILL APPLICATION INSTRUCTIONS

Step 1. Applicant completes the application once per training program.

Step 2. Minnesota Department of Veterans Affairs determines the Minnesota GI Bill benefit amount and notifies eligible applicant.

Step 3. If any of the federal Veterans benefits reported on the application changes, the applicant must notify the Minnesota Department of Veterans Affairs.

The Minnesota GI Bill awards a maximum benefit amount of up to \$2,000 per fiscal year (July 1 through June 30), and a lifetime (aggregate) maximum benefit of up to \$9,000 (\$7,000 - employee, \$2,000 - employer).

The applicant must:

- Be a current Minnesota resident
- Apply during the OJT/apprenticeship training period
- Be less than 62 years old before the beginning of the OJT/apprenticeship training period
- Be current on child support obligations, if applicable
- Be enrolled in an eligible and participating Minnesota OJT/apprenticeship program

APPLICATION QUESTIONS

Question #8: For the purposes of this section, “resident” means a person living in Minnesota for at least 30 days with the intention of residing in the state and not for any temporary purpose. An applicant may verify a residence address by presenting a valid state driver’s license, a state identification card, a voter registration card, a rent receipt, a statement by the landlord, apartment manager, or homeowner verifying that the individual is residing at the address, or other form of verification approved by the commissioner.

Question #12: In order to be eligible, an applicant must meet one of the following three definitions:

1. A **veteran** who is serving or has served honorably in the U.S. armed forces at any time and is a
 - Service member who was discharged under honorable conditions after serving on active duty for 181 consecutive days or was discharged under honorable conditions due to a disability incurred while on active duty; or
 - Service member who has served on active duty for 90 days or more in a foreign country during a “time of hostilities” or received a service-related medical discharge during any period of service in a foreign country during a “time of hostilities”; or
 - Service member who has been awarded any of the following medals: (i) Armed Forces Expeditionary Medal; (ii) Kosovo Campaign Medal; (iii) Afghanistan Campaign Medal; (iv) Iraq Campaign Medal; (v) Global War on Terrorism Expeditionary Medal; (vi) any other campaign medal authorized for service after September 11, 2001;
2. A **non-veteran** who served honorably in the Minnesota National Guard or any other active or reserve component of the U.S. armed forces for 5 or more years cumulatively and any part of that service occurred on or after September 11, 2001;
3. A **surviving spouse or dependent** of a person who has served in the military at any time and who has died as a direct result of military service or who has a total and permanent service-connected disability as rated by the U.S. Department of Veterans Affairs. Must be eligible for Chapter 35 or Chapter 33.

APPLICANT CERTIFICATION

Check each box to show you have read the statements in this section, sign, date and send application along with your DD 214 and W-9 form to:

**MDVA Higher Education Veterans Program
20 West 12th Street – 2nd floor
St. Paul, MN 55155**

Questions 18-23: This bold-blocked section is to be completed, signed and dated by the Employer ONLY.

Questions 24-30: This bold-blocked section is to be completed, signed and dated by MDVA Staff ONLY.